

2318-001	Application Fee	\$ 50
2318-001	Inspection Fee	200
2318-006	State Reg Fee	<u>10</u>
	Total	\$260



**STATE OF TENNESSEE**  
**DEPARTMENT OF HEALTH**  
**DIVISION OF HEALTH LICENSURE AND REGULATION**  
**OFFICE OF HEALTH RELATED BOARDS**  
**665 MAINSTREAM DRIVE**  
**NASHVILLE, TN 37243**

**TENNESSEE BOARD OF VETERINARY MEDICAL EXAMINERS**  
 (615) 532-5090 OR 1-800-778-4123 ext. 5325090  
<http://tn.gov/health/topic/vet-board>

**CERTIFIED ANIMAL CONTROL AGENCY APPLICATION**

**INSTRUCTIONS**

1. Complete this application, have it notarized, and mail it to the above address.
2. Enclose a check or money order made payable to the Tennessee Board of Veterinary Medical Examiners  
Fee: Two Hundred Sixty Dollars (\$260)
4. Enclose a notarized letter from a municipal or county official stating that the entity is an Animal Control Agency.
5. Enclose notarized documentation of employment of at least one (1) Certified Animal Euthanasia Technician; Licensed Veterinarian; or Licensed Veterinary Technician.

<b>Name of Animal Control Agency:</b>	<b>Fax Number:</b> (    )	<b>Phone Number:</b> (    )
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<b>Mailing Address:</b>	<b>Street/P.O. Box/RR#</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Supervising Official/Contact Person:</b>	<b>Email Address:</b>	<b>Phone Number:</b> (    )
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<b>Address:</b>	<b>Street/P.O. Box/RR#</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Directions to Agency:</b>	<b>Office Hours:</b>
	Mon.
	Tues.
	Wed.
	Thurs.
	Fri.
	Sat.

List All Certified Animal Euthanasia Technicians Practicing In Facility: (attach list if necessary)

Name:					Certif #
Address:	Street/P.O. Box/RR#	City	State	Zip Code	
Name:					Certif #
Address:	Street/P.O. Box/RR#	City	State	Zip Code	
Name:					Certif #
Address:	Street/P.O. Box/RR#	City	State	Zip Code	
Name:					Certif #
Address:	Street/P.O. Box/RR#	City	State	Zip Code	

List All Veterinarians Practicing In Facility: (attach list if necessary)

Name:			Lic #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code	
Name:			Lic #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code	
Name:			Lic #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code	
Name:			Lic #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code	

List All Veterinary Medical Technicians Employed By Facility: (attach list if necessary)

Name:			Lic #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code	
Name:			Lic #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code	
Name:			Lic #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code	
Name:			Lic #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code	

**COMPETENCY INFORMATION**

PLEASE ANSWER THE FOLLOWING QUESTIONS. If you answer "yes" to any of the questions in this part, please attach an explanation on a separate sheet. In support of your explanation, the final documents or orders from the issuing states, courts, and/or agencies must be submitted along with this application. Additional information may be requested and/or required before a licensure decision may be made. For the purposes of these questions, the following phrases or words have the following meanings:

"**Medical Condition**" includes physiological, mental or psychological conditions including, but not limited to; orthopedic, visual, speech and/or hearing impairments, emotional or mental illness, specific learning disabilities, drug addiction, and alcoholism.

"**Chemical substances**" is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"**Currently**" does not mean on the day of or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee or within the past two (2) years.

"**Illegal use of illicit or controlled substances**" means the use of substances obtained illegally (e.g., heroin or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

**QUESTIONS:**

**YES      NO**

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|-----|---|-------|-------|
| 1.  | Do you currently have any physical or psychological limitations or impairments caused by an existing medical condition which are reduced or ameliorated by ongoing treatment or monitoring, or the field of practice, the setting or the manner in which you have chosen to practice, which in any way impairs or limits your ability to supervise an animal control agency with reasonable skill and safety? | _____ | _____ |
| 2.  | Do you currently use any chemical substances which in any way impairs or limits your ability to supervise an animal control agency with reasonable skill and safety? If so, please list: _____  | _____ | _____ |
| 3.  | At any time within the past two years, have you engaged in the illegal use of illicit or controlled substances?   | _____ | _____ |
| 4.  | Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of illicit or controlled substances?   | _____ | _____ |
| 5.  | Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism, or other diagnosis of a predatory nature?  | _____ | _____ |
| 6.  | Have you ever held or applied for a license, privilege, registration or certificate to practice animal euthanasia in any state, country, or province, that has been or was ever denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?   | _____ | _____ |
| 7.  | Have you ever had staff privileges at any hospital or health care facility that were ever revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action?   | _____ | _____ |
| 8.  | Have you ever applied for or held a state or federal controlled substance certificate that was ever denied, revoked, suspended, restricted voluntarily surrendered or otherwise disciplined or surrendered under threat of restriction or disciplinary action?  | _____ | _____ |
| 9.  | Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor whether or not sentence was imposed or suspended?   | _____ | _____ |
| 10. | Have you ever been rejected or censured by a professional association or society?   | _____ | _____ |
| 11. | In relation to the performance of your professional services in any profession:   |       |       |
| a.  | Have you ever had a final judgement rendered against you?   | _____ | _____ |
| b.  | Have you ever entered into any settlement of any legal action; or   | _____ | _____ |
| c.  | Are there any legal actions pending against you or to which you are a party?  | _____ | _____ |
| 12. | Have you ever held a license, registration, privilege or certificate in any profession that has ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action in any jurisdiction?   | _____ | _____ |
| 13. | Has your name been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry or an abuse registry in another state)?   | _____ | _____ |

**APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC**

**AFFIDAVIT AND RELEASE**

I, \_\_\_\_\_, of \_\_\_\_\_, \_\_\_\_\_  
*(Applicant's Name)* *(City)* *(State)*

being duly sworn and identified as the person referred to in this application attests to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations regarding the profession, which are posted on the Board's Internet site and/or were provided to me by the Board office, and agree to abide by them in the practice of veterinary medicine in the State of Tennessee.

**I HEREBY:**

**SIGNIFY** my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

**RELEASE** to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice.

**AUTHORIZE** the board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

**AUTHORIZE** release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

**RELEASE** from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and other qualifications for certification.

**ACKNOWLEDGE** that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications, and for resolving any doubts about such qualifications.

**THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

Affix Seal Here

My Commission expires \_\_\_\_\_